

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33

12132

## CERTIFICATE OF DEATH

Reg. Dist. No. 162

## 1. PLACE OF DEATH:

County Garrett

City or town Grantsville, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

10 yrs.

Stay in this community (yrs., or mos., or days)

## 3. (a) FULL NAME

Bertha Beachy

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Married

6 (b) Name of husband ~~xxw~~ Christ C. Beachy

7. Birth date of deceased (mo., day, yr.) November 21, 1880

8. AGE: Years Months Days If less than one day  
66 21 hrs. min.

9. Birthplace Grantsville, Md.

(Town, county, and state)

10. Usual occupation Housewife

## 11. Industry or business

12. Name Jonas Gnagey

13. Birthplace Rural Accident, Md.

14. Maiden name Elizabeth Swauger

15. Birthplace New Germany, Md.

16. Informant William Gnagey

Address RD Meyersdale Pa

17. Burial Date thereof Nov. 15, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Grantsville

Location Grantsville, Md.

18. Funeral director Wm. Wintersburg

Address Grantsville, Maryland

19. Dec 20 46 Ethel Broadwater  
(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Garrett

City or town Grantsville

Ward No.

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

2D. DATE OF DEATH December 12 1946 at 2<sup>pm</sup>

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Spurred September 1946 to December 1946

and that I last saw him alive on December 1946

Immediate cause of death

Chronic Myocarditis

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

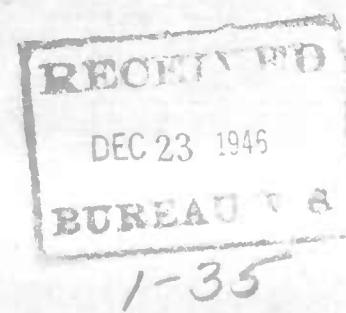
Injured at work?

23. SIGNATURE

C. J. Bannister, M.D., F.A.C.P.  
Oakland, Md.

M. D. or C.P.

Date signed 12/14/46



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *50*

12133

## CERTIFICATE OF DEATH

Reg. Dist. No. *1620*

1. PLACE OF DEATH:  
Garett  
County.....  
City or town..... R.D.I. Grantsville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 40 Years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Noxah E. Hershberger

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6. (b) Name of husband or wife..... Savilla Hershberger

6. (c) If alive, give age 69 years

7. Birth date of deceased (mo. day, yr.) March 12, 1865

8. AGE:	Years	Months	Days	If less than one day
	81	9	15	hrs. min.

9. Birthplace..... Rural Near Salisbury Pa  
(Town, county, and state)

10. Usual occupation..... Retired Farmer

## 11. Industry or business

12. Name.....	Emanuel Hershberger
13. Birthplace	Rural Near Salisbury Pa

14. Maiden name.....	Mary Miller
15. Birthplace	REX R.D.I. Grantsville Md

16. Informant..... Mrs Sady Schrock  
Address Grantsville Md

17. Burial..... Date thereof 12-29-1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Flag Run

Location..... R.D.I. Salisbury Pa

18. Funeral director..... *Wm. Wintersburg*  
Address Grantsville Md

19. Date rec'd by registrar..... Dec 28 1946 Ethel Broadwater  
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State..... Md..... County..... Garett.....  
City or town..... R.D.I. Grantsville Md

(If outside city or town limits, write RURAL and give nearest town)

Street No.....  
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number  
None

## MEDICAL CERTIFICATION

2D. DATE OF DEATH December 26 1946 at 6 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 25 1946 to Dec 26 1946 and that I last saw him alive on Dec 25 1946.

## Immediate cause of death

Gastritis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

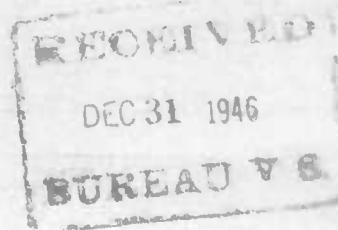
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work

23. SIGNATURE *H. P. Davis* M. D. or other

Date signed *Dec 29 1946*



1-35

MARYLAND STATE DEPARTMENT OF HEALTH 

2411 N. Charles St., Baltimore 73d

## CERTIFICATE OF DEATH

12134

1620

Reg. Dist. No. ....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

1. PLACE OF DEATH:		Garett	
County.....		Garrett	
City or town. R.D.2 Grantsville		(If outside city or town limits, write RURAL and give nearest town)	
		23 years	
How long in above place of death?		23 years	
Hospital, institution, or street address where death occurred:			
How long in hospital or institution?			
3. (a) FULL NAME			
Lewis Kamp			
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	
M	W	Married	
6.(b) Name of husband or wife. Cora Ellen Kamp			
7. Birth date of deceased (mo., day, yr.) September 14-1863			
B.(c) If alive, give age 77 years			
8. AGE:	Years	Months	Days
83	2	18	If less than one day hrs. .... min.
9. Birthplace. R.D. Accident Md			
(Town, county, and state)			
10. Usual occupation. Retired Farmer			
11. Industry or business			
MOTHER FATHER	12. Name. Henry Kamp		
	13. Birthplace. Germany		
14. Maiden name. Not Known			
15. Birthplace. Germany			
16. Informant. Mrs. Emma Otto			
Address R.D.2 Grantsville Md			
17. Burial		Date thereof. 12-5-1946	
(Burial, cremation, or removal. Which?)		(month) (day) (year)	
Cemetery or crematory. Cove			
Location. Rural Near Accident Md			
18. Funeral director. Mrs. Alvinberg			
Address Grantsville Md			
19. Date rec'd by registrar		1946	
(Date rec'd by registrar)		Etha Broadwater	

2. USUAL RESIDENCE (HOME) OF DECEASED:	
(For newborn infants give residence of mother)	
State. Md.	County. Garrett
City or town. R.d.2. Grantsville Md	
(If outside city or town limits, write RURAL and give nearest town)	
Street No. ....	
(If rural, give LOCATION)	
2.(a) If veteran, name war.....	
3. (b) Social Security Number	
None	

MEDICAL CERTIFICATION			
20. DATE OF DEATH. December 2 1946 at 9 A.M.			
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1946 to Dec 2 1946 and that I last saw him alive on Nov 20 1946			
Immediate cause of death. <i>Obstruction</i>			
DURATION <i>3 years</i>			
Due to.			
Due to.			
Other conditions. <i>arteriosclerosis</i>			
(Include pregnancy within 3 months of death)			
Major findings of operations.			
Date of op.			
Autopsy results.			
PHYSICIAN: Please underline the cause to which death should be charged statistically.			
22. VIOLENCE: If death was due to external causes, fill in the following:			
Accident, suicide, or homicide.		Date of	
Where did injury occur? (City or town)		(County) (State)	
Injured at home, farm, industry, public place (where?)			
Means of injury		Injured at work?	
23. SIGNATURE		M. D. or other	
Address		N. R. Davis M.D.	
Date signed		Dec 3	



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12135

## CERTIFICATE OF DEATH

Reg. Dist. No.

162

## 1. PLACE OF DEATH:

Garrett  
County.....  
Grantsville  
City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... Life

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Fredrick Livengood

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

M W Married

6. (b) Name of husband or wife..... Mary E. Livengood

6. (c) If alive, give age 55 years

7. Birth date of deceased (mo. day. yr.) April 2-1887

8. AGE: Years Months Days If less than one day  
59 8 25 hrs. min.9. Birthplace..... Grantsville Md  
(Town, county, and state)

10. Usual occupation..... Plummer

## 11. Industry or business

12. Name..... Christain Livengood

13. Birthplace..... Near Salisbury Pa

14. Maiden name..... Jennie Ulrich

15. Birthplace..... Mount Pleasant Pa

16. Informant..... Paul Livengood

Address..... Washington D.C

17. Burial..... Date thereof..... 12-30-1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Grantsville

Location..... Grantsville Md

18. Funeral director..... Alvin M. Ulrich

Address..... Grantsville Md

19. Date rec'd by registrar..... Dec 28 1946  
(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Md County..... Garrett

City or town..... Grantsville  
(If outside city or town limits, write RURAL and give nearest town)Street No.....  
(If rural, give LOCATION)

2. (a) If veteran, name war.....

## 3. (b) Social Security Number

218-07-8905

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

Dec 27 1946 at Hause M  
Dec 1 1946 to Dec 27 1946  
and that I last saw him alive on Dec 27 1946

## Immediate cause of death

Bronchitis  
Heart disease

DURATION

Due to.....

Due to.....

## Other conditions

(Include pregnancy within 8 months of death)

## Major findings of operations

Date of op.....

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

## Means of injury

## Injured at work?

## 23. SIGNATURE

M. D. Other

Date signed

RECEIVED

DEC 31 1946

BUREAU V. S.

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 20

## CERTIFICATE OF DEATH

Reg. Dist. No. 166

12136

## 1. PLACE OF DEATH:

County... Garrett

City or town... Mt. Lake Park, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Several Years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Lois Marlyn Shaffer.

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced

Female White Single.

6.(b) Name of husband or wife.....

6.(c) If alive, give age..... years

7. Birth date of deceased (mo. day, yr.) August 20th, 1932.

8. AGE: Years 14 Months 4 Days 11 If less than one day hrs. min.

8. Birthplace... Freeport, W. Va. (Town, county, and state)

10. Usual occupation... Student.

11. Industry or business

12. Name... Jay Shaffer.

13. Birthplace... Brookside, W. Va.

14. Maiden name... Dora Selders.

15. Birthplace... Brookside, W. Va.

18. Informant... Mrs. Joe Rice.

Address Mt. Lake Park, Md.

17. Burial... Brookside Cemetery. (Burial, cremation, or removal. Which?) Date thereof... Jan. 3/47 (month) (day) (year)

Cemetery or crematory... Brookside Cemetery.

Location... Brookside, W. Va.

18. Funeral director... Eusray P. Bolden

Address... Lakelawn, Md.

19. Jan. 3, 1947 (Date rec'd by registrar)

Jan. 3, 1947 (Date signed)

Jan. 3, 1947 (Date signed)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Garrett

City or town... Mt. Lake Park, Md. (If outside city or town limits, write RURAL and give nearest town)

Street No..... (If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

None.

## MEDICAL CERTIFICATION

P.M.

20. DATE OF DEATH December 31st, 1946, at 7:15

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 8, 1946, to, Dec 31, 1946, and that I last saw her alive on Dec 31, 1946.

Immediate cause of death...

Myocardial failure, chronic -

DURATION

Due to... Myocardial failure, chronic -

Due to... Rheumatic fever.

Other conditions...

(Include pregnancy within 3 months of death)

Major findings of operations...

Date of op.

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of...

Where did injury occur? (City or town) (County) (State)

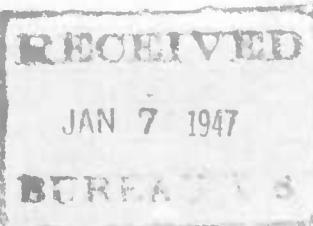
Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE

James A. Yarrow, M.D. or other

Address... Oakland Ind. Date signed Jan 246



1-35-

## STATE OF MARYLAND—CERTIFICATE OF DEATH

## 1. PLACE OF DEATH

County Garrette

Village or City Friendsville R F D,

9320

Registration Dist. No.

12137  
1610

St.

Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Liddia N Sisler

(a) Residence: No.

St. Ward.

If nonresident give city or town and State

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 21 1871

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	74	3	21	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	House work
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Home
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country) West Virginia  
Preston Co

13. NAME David Beeghley

14. BIRTHPLACE (city or town)  
(State or country) West Virginia

15. MAIDEN NAME Amanda Bromhd

16. BIRTHPLACE (city or town)  
(State or country) Preston Co  
West Virginia17. INFORMANT Arch C. Friend  
(Address) Friendsville, R D

18. BURIAL, CREMATION, OR REMOVAL

Place Sisler Cem., W. Va. Date 12/15 1946

19. UNDERTAKER E. H. Hamner  
(Address) Brandonville, W. Va.20. FILED Dec 13, 1946 Kathryn F. Ode.  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Dec 12 1946  
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

Sept 1946 to Dec 1946

I last saw her alive on Sept 10, 1946; death is said to have occurred on the date stated above, at 4 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Data of onset  
Chronic myocarditis 1945

Other Contributory Causes of Importance:

Name of operation none Data of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 1946

Where did injury occur?

(Specify city or town, county and State)  
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Milton Tepper M. D.  
(Address) Friendsville, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	Date of onset May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	Date of onset 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

12577

Reg. Dist. No. 1721

1. PLACE OF DEATH  
Garrett  
County  
Kitzmiller

City or town  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Ezra Russell Warnick

4. Sex  
Male  
5. Color or race  
White  
6. (a) Single, married, widowed, or divorced  
Widowed

6. (b) Name of husband or wife  
Lucinda Hazel (Bowser)  
Warnick

7. Birth date of  
deceased (mo., day, yr.)  
September 17, 1894

8. AGE: Years  
52  
Months  
2  
Days  
18  
If less than one day  
hrs. min.

9. Birthplace  
Chestnut Grove, Garrett Co., Md.  
(Town, county, and state)

10. Usual occupation  
Miner  
Coal Mines

11. Industry or business  
Henry Bowse Warnick

12. Name  
Chestnut Grove, Garrett Co., Md.

MOTHER FATHER  
Clarice Beavers

14. Maiden name  
Mrs. Cecil Pyles

16. Informant  
Kitzmiller, Md.  
Address

17. Burial  
(Burial, cremation, or removal. Which?) Date thereof  
Turner Cemetery  
(month) (day) (year)

Cemetery or crematory  
Near Mt. Zion, Garrett Co., Md.  
Location

18. Funeral director  
Otha F. Sharpless  
Blaine, W.Va.  
Address

19. (Date read by registrar)  
12/5 1946

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State  
Maryland  
County  
Garrett

City or town  
(If outside city or town limits, write RURAL and give nearest town)

Street No.  
No  
(If rural, give location)

2. (a) If veteran, name war

3. (b) Social Security Number  
196-09-6802

## MEDICAL CERTIFICATION

December 5 46 3P.

20. DATE OF DEATH  
Dec. 1 1946 to Dec. 5 1946

and that I last saw him alive on Dec. 5 1946

Immediate cause of death

Bilateral Bronchitis - Pneumonia

DURATION

5 days

Due to

Pulmonary T.B.

7

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

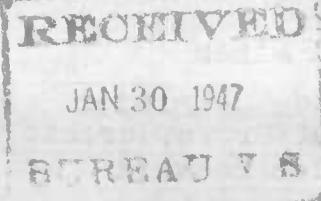
Injured at work?

23. SIGNATURE

M. D. or other

Address

Ralph Colquhoun M.D.  
Kitzmiller Md. Date signed Dec. 5-46



2-1720-2-10